

Business Account Application



Bank Name: WELLS FARGO BANK, N.A.		Store Name: TOWN EAST	
Banker Name: MARIA PENA		Officer/Portfolio Number: B4527	Date: 10/22/2013
Banker Phone: 972/682-7400	Store Number: 02395	Banker AU: 0006826	Banker MAC: T9206-010

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

☒ New Deposit Account(s) Only ☐ New Deposit Account(s) and Business Credit Card

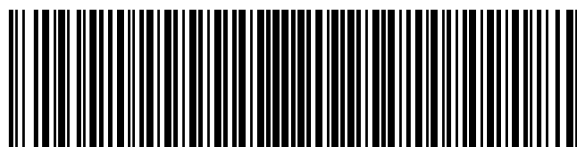
Account 1 Product Name: Gold Business Services Package				
COID: 808	Product: DDA	Account Number: [REDACTED] 3185	Opening Deposit: \$100.00	Type of Funds: CKS
Account 2 Product Name: Business Market Rate Savings				
COID: 808	Product: DDA	Account Number: [REDACTED] 1411	Opening Deposit: \$100.00	Type of Funds: CKS

New Account Kit:

b20131007-0002596728

Related Customer Information

Customer 1 Name: ELITE HEALTH PROVIDERS LLC		Account Relationship: Sole Owner
Enterprise Customer Number (ECN): 215015651852119		
Customer 2 Name: BRANDON SIGMON		Account Relationship: Signer
Enterprise Customer Number (ECN): 564996420734417		



2W02-000577274529-01
GX919.001

GOVERNMENT
EXHIBIT
919
4:18-CR-368

Checking/Savings Statement Mailing Information

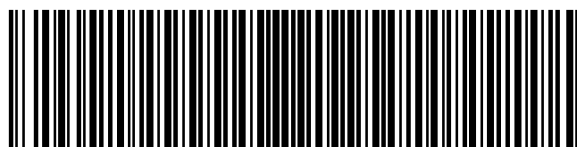
Name(s) and Information Listed on Statement: ELITE HEALTH PROVIDERS LLC		Statement Mailing Address: 2014 SAGE BRUSH DR	
		Address Line 2:	
		City: FORNEY	State: TX
		ZIP/Postal Code: 75126-8199	Country: US

Customer 1 Information

Customer Name: ELITE HEALTH PROVIDERS LLC			Street Address: 2014 SAGE BRUSH DR		
Account Relationship: Sole Owner			Address Line 2:		
Taxpayer Identification Number (TIN): 46-3763944			Address Line 3:		
TIN Type: EIN					
Business Type: Limited Liability Company			City: FORNEY		State: TX
Business Sub-Type/Tax Classification: C Corporation		Non-Profit: No	ZIP/Postal Code: 75126-8199		Country: US
Date Originally Established: 12/01/2012	Current Ownership Since: 12/31/2012	Number of Employees: 3	Business Phone: 972/951-8476		Fax:
Annual Gross Sales: \$250,000.00	Year Sales Reported: 12/31/2012	Fiscal Year End:	Cellular Phone: [REDACTED]		Pager:
Primary Financial Institution:		Number of Locations: 1	e-Mail Address: [REDACTED]		
Primary State 1:	Primary State 2:	Primary State 3:	Website:		
Primary Country 1:	Primary Country 2:	Primary Country 3:	Sales Market: LOCAL		
Industry: Other Services (except Public Administration)					
Description of Business:					
Major Suppliers/Customers:					

Bank Use Only

Name/Entity Verification: Cert of Formation		Address Verification:		BACC Reference Number: 613BAC1917295	
Document Filing Number/Description: 801869194	Filing Country: US	Filing State: TX	Filing Date: 10/21/2013	Expiration Date:	
Country of Registration: US	State of Registration: TX	International Transactions:			Check Reporting: NO RECORD
Customer 1 Name: ELITE HEALTH PROVIDERS LLC			Internet Gambling Business?: No		

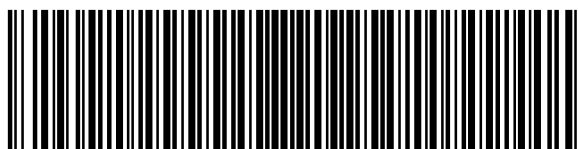


Owner/Key Individual 1 Information

Customer Name: BRANDON SIGMON			Residence Address: [REDACTED]	
Position/Title: Owner	Date of Birth: [REDACTED]	Enterprise Customer Number (ECN): 564996420734417	Address Line 2:	
Taxpayer Identification Number (TIN): [REDACTED]			Address Line 3:	
TIN Type: SSN				
Primary ID Type: DLIC	Primary ID Description: 09878051		City: [REDACTED]	State: [REDACTED]
Primary ID St/Ctry/Prov: TX	Primary ID Issue Date: 04/25/2011	Primary ID Expiration Date: 03/29/2017	ZIP/Postal Code: [REDACTED]	Country: US
Secondary ID Type: OTHR DC	Secondary ID Description: BOA VISA		Check Reporting: NO RECORD	
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date: 08/01/2016		
Country of Citizenship: US				

Owner/Key Individual 2 Information

Customer Name: JOSHUA L BROWN			Residence Address: [REDACTED]	
Position/Title: Sales mang.	Date of Birth: 06/29/1982	Enterprise Customer Number (ECN): 481952281813	Address Line 2:	
Taxpayer Identification Number (TIN): [REDACTED]			Address Line 3:	
TIN Type: SSN				
Primary ID Type: DLIC	Primary ID Description: [REDACTED]		City: [REDACTED]	State: [REDACTED]
Primary ID St/Ctry/Prov: TX	Primary ID Issue Date:	Primary ID Expiration Date: 06/29/2017	ZIP/Postal Code: [REDACTED]	Country: US
Secondary ID Type: OTHR	Secondary ID Description: SS CARD 8402		Check Reporting: NO RECORD	
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:		
Country of Citizenship: US				



Certificate of Authority

Each person who signs the "Certified/Agreed To" section of this Application certifies that:

- A. The Customer's use of any Bank deposit account, product or service will confirm the Customer's receipt of, and agreement to be bound by, the Bank's applicable fee and information schedule and account agreement that includes the Arbitration Agreement under which any dispute between the Customer and the Bank relating to the Customer's use of any Bank deposit account, product or service will be decided in an arbitration proceeding before a neutral arbitrator as described in the Arbitration Agreement and not by a jury or court trial.**
- B. Each person who signs the "Certified/Agreed To" section of this Application or whose name, any applicable title and specimen signature appear in the "Authorized Signers - Signature Capture" section of this Application is authorized on such terms as the Bank may require to:
- (1) Enter into, modify, terminate and otherwise in any manner act with respect to accounts at the Bank and agreements with the Bank or its affiliates for accounts and/or services offered by the Bank or its affiliates (other than letters of credit or loan agreements);
 - (2) Authorize (by signing or otherwise) the payment of Items from the Customer's account(s) listed on this Business Account Application (including without limitation any Item payable to (a) the individual order of the person who authorized the Item or (b) the Bank or any other person for the benefit of the person who authorized the Item) and the endorsement of Deposited Items for deposit, cashing or collection (see the Bank's applicable account agreement for the definitions of "Item" and "Deposited Item");
 - (3) Give instructions to the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by any electronic means in regard to any Item and the transaction of any business relating to the Customer's account(s), agreements or services, and the Customer shall indemnify and hold the Bank harmless for acting in accordance with such instructions; and
 - (4) Delegate the person's authority to another person(s) or revoke such delegation, in a separate signed writing delivered to the Bank.
- C. If a code must be communicated to the Bank in order to authorize an Item, and the code is communicated, the Item will be binding on the Customer regardless of who communicated the code.
- D. Each transaction described in this Certificate of Authority conducted by or on behalf of the Customer prior to delivery of this Certificate is in all respects ratified.
- E. If the Customer is a tribal government or tribal government agency, the Customer waives sovereign immunity from suit with respect to the Customer's use of any Bank account, product or service referred to in this Certificate.
- F. The information provided in this Application is correct and complete, each person who signs the "Certified/Agreed To" section of this Application and each person whose name appears in the "Authorized Signers-Signature Capture" section of this Application holds any position indicated, and the signature appearing opposite the person's name is authentic.
- G. The Customer has approved this Certificate of Authority or granted each person who signs the "Certified/Agreed To" section of this Application the authority to do so on the Customer's behalf by:
- (1) resolution, agreement or other legally sufficient action of the governing body of the Customer, if the Customer is not a trust or a sole proprietor;
 - (2) the signature of each of the Customer's trustee(s), if the Customer is a trust; or
 - (3) the signature of the Customer, if the Customer is a sole proprietor.

Certified/Agreed To

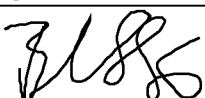
Owner/Key Individual 1 Name

BRANDON SIGMON

Position/Title:

Owner

Owner/Key Individual 1 Signature


☐ Submit manually☐ Signature not required

Date:

10/22/2013

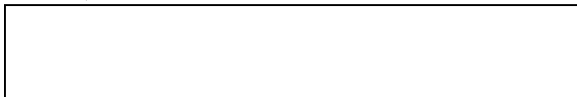
Owner/Key Individual 2 Name

JOSHUA L BROWN

Position/Title:

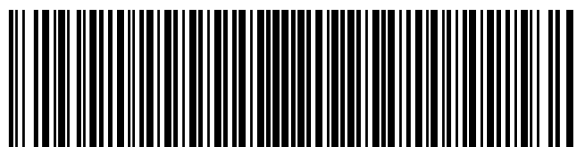
Sales mang.

Owner/Key Individual 2 Signature


☒ Submit manually☐ Signature not required

Date:

10/22/2013



Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payment other than interest and dividends).
3. I am a U.S. citizen or other U.S. person. ☐ I am subject to backup withholding ☐ I am exempt from backup withholding

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Tax Responsible Customer Name:


ELITE HEALTH PROVIDERS LLC

Taxpayer Identification Number (TIN):

46-3763944

TIN Certification Signature:

BRANDON SIGMON

☐ Submit manually☐ Signature not required

Date:

10/22/2013

Authorized Signers - Signature Capture

Authorized Signer 1 Name


BRANDON SIGMON

Position/Title:

Owner

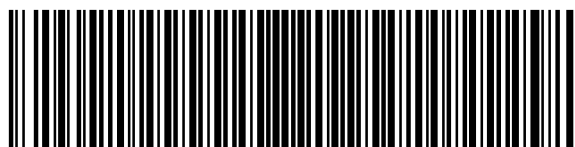
Authorized Signer 1 Signature

BRANDON SIGMON

☐ Submit manually☐ Signature not required

Date:

10/22/2013



Addendum To Certificate Of Authority

For Changes To Authorized Signers On Business Deposit Accounts



Host Status:

Host Update Successful

Bank Name:	Store Name:		
WELLS FARGO BANK, N.A.	ROCKWALL		
Banker Name:	Officer/Portfolio Number:	Date:	
MARIA D. SCREETON	C0860	01/28/2014	
Banker Phone:	Store Number:	Banker AU:	Banker MAC:
972/722-7470	07942	0068439	T9012-010

Use this Addendum when Authorized Signers are being added or deleted to a Certificate of Authority currently on file for a business customer and a new, signed Certificate of Authority has not been obtained.

Business/Account Information

Business Name:	COD:	Product:	Account Number:
ELITE HEALTH PROVIDERS LLC	808	DDA	3185

Authorized Signers

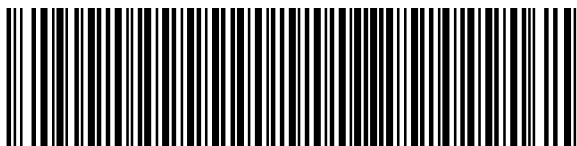
Authorized Signer Name(s):	Relationship Status:
BRANDON SIGMON	<input checked="" type="checkbox"/> Existing/Remaining <input type="checkbox"/> New <input type="checkbox"/> Delete
RONNIE E MCADA JR	<input type="checkbox"/> Existing/Remaining <input checked="" type="checkbox"/> New <input type="checkbox"/> Delete

Addendum to Certificate of Authority

Original Certificate of Authority Dated:	Addendum to Certificate of Authority Dated:
	01/28/2014

Each person signing in the "Certified/Agreed To" section below:

- directs the Bank that the additional Authorized Signers shall have all of the authority granted to the persons identified as Authorized Signers on the Certificate of Authority, including without limitation the authority to instruct the Bank in writing (whether the instructions include the manual signature or a signature that purports to be the facsimile or other mechanical signature including a stamp of an Authorized Signer as the Customer's authorized signature without regard to when or by whom or by what means or in what ink color the signature may have been made or affixed), orally, by telephone or by electronic means in regard to any item and the transaction of any business relating to the Customer's account(s), agreements or services;
- directs the Bank to discontinue acting on the instructions of any person who has been deleted as an Authorized Signer;
- acknowledges that these modifications become effective only after this Addendum has been received by the Bank and the Bank has had a reasonable opportunity to act on it; and
- certifies that the account owner has taken all action under its organizational documents, if any, including passage of resolutions by its board of directors, trustees, or other governing body, required to make these modifications and to authorize the undersigned to execute and deliver this Addendum.



Certified/Agreed To

Owner/Key Individual 1 Name

BRANDON SIGMON

Position/Title:

Owner

Owner/Key Individual 1 Signature

BRANDON SIGMON


☐

Submit manually

☐

Signature not required

Date:

01/28/2014

Signature Capture - New Authorized Signers

New Authorized Signer 1 Name

RONNIE E MCADA JR

Position/Title:

owner

New Authorized Signer 1 Signature



☒

Submit manually

☐

Signature not required

Date:

01/28/2014

